NY STATE CLIENT SEMI-ANNUAL REPORT

Marking Instructions: Please type or use blue or black ink pen.

| Reporting Information

Completely fill in one circle.

Print legible numbers and block letters, no script.

COMPLETE ALL SECTIONS

FOR OFFICE USE ONLY

before submitting or form will be returned.

Year: 2013		1 cm	ite 3 days
Fill in circle if amendment	779	13222	8
Report Period: 🛇 January/June C) July/December	1000	
Type of Lobbying: Nonprocurement C	Procurement O Both	Proceed -	7-18-13
Client Filing Fee Check Number:		CK# 1153	50-
II Client Information			
Name: Livery Base Owners, Inc.			
Permanent Business Address: 1642 St. Nicho	olas avenue		
City: New York	State:	NY	ZIP code:10040
Business Phone: 212 927-2222	E.1.5700-7-10	umber: 212 923-1423	
Third Party Beneficiary (see instructions):	, 2011		
The control of the co			
III Lobbyist(s) Information & Co			
Any individual or organization that has lobbie threshold was exceeded by that individual or	ed on behalf of the client mo organization.	ust be reported below, i	regardless of whether the
A Type of Lobbyist: Retained	O Employed	O Designated	
Level of Gov't: O State Lobbying	O Local Lobbying	⊗ Both	
Name: MirRam Group, LLC		Phone Number: 2	212- 544-2200
Address: 5030 Broadway , Suite #807			
City: New York		State: NY	ZIP code:10034
Compensation for current period: \$2	1,250 .00		V
B Type of Lobbyist: O Retained	O Employed	O Designated	
Level of Gov't: O State Lobbying	O Local Lobbying	O Both	
Name:		Phone Number:	
Address:			
City:		State:	ZIP code:
Compensation for current period: \$.00	3	
C Type of Lobbyist: O Retained	O Employed	 Designated 	
Level of Gov't: O State Lobbying	O Local Lobbying	O Both	
Name:		Phone Number:	
Address:			
City:		State:	ZIP code:
Compensation for current period: \$.00		**
O Continued on attached pages			
D TOTAL COMPENSATION of ALL lobby	ists for current period	(A+B+C+addend	um sheets): \$21,250 .00

*IV Other Expenses (Current Semi-Annual	reliod Uniy)						
A Report in the aggregate all expenses less than or equal	A Report in the aggregate all expenses less than or equal to \$75:						
B Report in the aggregate all expenses for salaries of non-l	: \$.00					
C Itemize each expense exceeding \$75:							
PAID TO:	DATE: /	/ (O Ad O Social Event				
PURPOSE:	AMOUNT: \$.00	> *Addendum attached				
O PROCUREMENT O NONPROCUREMENT							
PAID TO:	DATE: /		O Social Event				
	AMOUNT: \$.00	> *Addendum attached				
O PROCUREMENT O NONPROCUREMENT	*						
Continued on attached pages	dividual vou moust	######################################	and an area listing the				
If any expense listed above exceeds \$75 for an in expense, dollar amount attributable to the individe	lual and the name,	title and empl	endum page listing the oyer of the individual.				
D Total expenses for current period: \$0	.00 (if applicable, in	clude all expen	ses from attached pages in total)				
V Source of Funding Disclosure Instructions: In the event only one person or entity is liste							
event multiple persons or entities have been	aggregated as a S	ingle Source for	a Contribution(s), use Section B.				
A Below, list all Contributions received from the received. If more than five Contributions fro	e Single Source. Inc m the Single Source	lude the date a have been reco	nd the amount of the Contribution eived, use section V(C) of the				
Addendum for the additional Contributions. Contribution(s) from Single Source #1							
^							
for Kiver Side Co		1					
Single Source Person's Last Name:	FIRST N	lame:					
Address: 1642 St. Nicholas	21-1-	: NY	710 1 16/641-)				
City: NY	State	: 10 1	ZIP code: 10040				
Phone:	A == = = = = = = = = = = = = = = = = =	Sanatuila Lutiana. C	CC 00				
Date Contribution Received: 1 / 1 / 12 Date Contribution Received: 2 / 1 / 12		Contribution: \$ Contribution: \$					
Date Contribution Received: 2 / (/ (3) Date Contribution Received: 3 / (/ 13)		Contribution: \$	3				
Date Contribution Received: 4 / (/ 13		Contribution: \$	00				
Date Contribution Received: 5 / (/ (3)		Contribution: \$	310				
Check here if using section V(C) of the Addendum for additi		,οι ιιιοο ιιοτι. φ	59 U .00 €0				
Contribution(s) Single Source #2							
Single Source Entity's Name: First Class	s Car Sol	rvice					
or Single Source Person's Last Name:		lame:					
Address: 4980 Broadway							
City: New York	State	: NY	ZIP code: 10034				
Phone:			j				
Date Contribution Received: (/ 1 / 13	Amount of C	Contribution: \$	590 .00				
Date Contribution Received: 2 / (/ Z		Contribution: \$					
Date Contribution Received: 2 / 1 / 13		Contribution: \$					
Date Contribution Received: 4 / 1 / 3		Contribution: \$					
Date Contribution Received: \$ / (/ 13		Contribution: \$	1-1				
Check here if using section V(C) of the Addendum for additi	onal Contributions:		<u> </u>				
Check here if there are Contribution(s) from Single Source(s) Addendum to list all such Contributions:	other than those list	ed above. Use	Section V(A) of the				

Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

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A Below, list all Contributions received from the Sin received.	gle Source. Include the date an	d the amount of	the Contribution							
Contributions from Single Source #3										
Single Source Entity's Name: Scaman Dadio Dispatcher										
or Single Source Person's Last Name: First Name:										
Address: 4020 10th Ave										
City: NV	State: NY	ZIP co	de: /0034							
Phone:	10 (
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Date Contribution Received: 2 / 1 / 13	Amount of Contribution: \$	590	.00							
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Check here if using section V(C) of the Addendum for additional	I Contributions:		6							
Contributions from Single Source #										
Single Source Entity's Name: Balsios Car	Service									
or Single Source Person's Last Name:	First Name:									
Address: 218 E. 116 Still										
City: NY	State: NY	ZIP co	de: 10029							
Phone:			•							
Date Contribution Received: (/ (/ (3	Amount of Contribution: \$	590	.00							
Date Contribution Received: 2 / \ / \ 3	Amount of Contribution: \$	590	.00							
Date Contribution Received: 3 / 1 / 13	Amount of Contribution: \$	590	.00							
Date Contribution Received: 4 / 1 / (2)	Amount of Contribution: \$	590	.00							
Date Contribution Received: 5 / (/ 13	Amount of Contribution: \$	590	.00							
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Contributions from Single Source #										
Single Source Entity's Name: VISS Car Su	Prvice									
Single Source Person's Last Name:	First Name:									
Address: 2774 Webster Ave										
City: Bront	State: NY	ZIP co	de: 10458							
Phone:										
Date Contribution Received: 1 / (/ z	Amount of Contribution: \$	590	.00							
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Designated Addendum sheet for section V(C)

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Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

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С	Single Source Inf	ormatic	on fo	or one	e Pe	erson or Entity	for a single Con	tribution.			
Contributions from Single Source #_6											
Single Source(or Related or A	ffiliate	d) E	Entity	's N	Name: Ex	cellent	Cor	Servi	ce	
or Single Source	or Single Source (or Related or Affiliated)Person's Last Name: First Name:										
Address:	711 Mos	rris		Av	e						_
City:	Brank						State:	NY		ZIP cod	de: 10457
Phone:											
Date Contribu	tion Received:	1	/	(/	13	Amount of Co	ontribution:	\$ 5	90	.00
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	tion Received:	6	/	1	/	13	Amount of Co	ontribution:	\$ 59	io	.00
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V Source of Funding Disclosure					
B Single Source information for a Contr	ibution(s)	from mul	ltiple, Related, or Affiliated Entitie	es.	electronic file control about
Contributions from Single Source #1					
Related or Affiliated Entity or Person:					
Entity's or Person's Full Name:					
Entity's or Person's Address:					
Entity's or Person's Phone:					
Dates and Amounts of Contributions from Date Contribution Received:	n Entity o	or Person /	: Amount of Contribution: \$.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
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Related or Affiliated Entity or Person:					
Entity's or Person's Full Name: Entity's or Person's Address:					
Entity's or Person's Phone:					
Dates and Amounts of Contributions from	n Entity (or Person	:		
Date Contribution Received:	/	/	Amount of Contribution: \$.00
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Check here if using section V(C) of the	ne Adder	ndum for c	additional Contributions:		
Check here if using section V(B) of the Addendum for	addition	al Related	d, or Affiliated Entities or Persons:	en de la laction de la company de la comp La company de la company d	
Contributions from Single Source #2					
Related or Affiliated Entity or Person:					
Entity's or Person's Full Name:					
Entity's or Person's Address:					
Entity's or Person's Phone:					
Dates and Amounts of Contributions fron	n Entity o	or Person			
Date Contribution Received:	/	/	Amount of Contribution: \$.00
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Date Contribution Received:	/	/	Amount of Contribution: \$.00
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Related or Affiliated Entity or Person:					
Entity's or Person's Full Name:					
Entity's or Person's Address:					
Entity's or Person's Phone:					
Dates and Amounts of Contributions from Date Contribution Received:	n Entity c	or Person: /	: Amount of Contribution: \$.00
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Check here if using section V(B) of the Addendum for	addition	al Related	, or Affiliated Entities or Persons:		
Check here if there are Contribution(s) from Single So					
Addendum to list all such Contributions:					

Street Hail Legislation, TLC Regulations, Workers Compensation and other Livery Industry Issues NYS Assembly NYC TLC	
Continued on attached pages Continued on attached pages	
VII Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended VIII Title and Identifying Numbers of procurer	ment l
introduction of legislation or a resolution on which you lobbied:	
A8496 N/A	
Continued on attached pages Continued on attached pages	
Number of Subject Matter 15 - 15 October 15 - 15 - 15 - 15 - 15 - 15 - 15 - 15	
Number or Subject Matter of Executive Order of Governor/Municipality lobbied: X Subject Matter of and Tribes involved in trib compacts, etc lobbied:	al-state
N/A N/A	
O Continued on attached pages O Continued on attached pages	
XI Declaration	
This Declaration must be signed by the Chief Administrative Officer. (If the Chief Administrative Officer, for ar reason, does not sign, he/she must duly designate another person to sign this Declaration.) (See instructions	ly J
I declare under penalty of perjury that the information contained in this report is true, correct, and complete to the best of my knowledge and belief.	
X SIGNATURE: DATE: 7 15 13	
PRINT NAME: LAST CAlfamirano FIRST JOSE	
Mark One: O Chief Administrative Officer O Designee (Attach Letter)	
2 2 Edition of the state o	

The following MUST be attached to this report at the time of submission:

- --You must attach a \$50 dollar filling fee to each semi-annual report. (No fee is required for amendments to the original)
- --If applicable, a designation letter if you have marked designee in section XI. --If applicable, continuation sheets for sections III,IV,V,VI,VII,VIII,IX and X.

PLEASE NOTE You may be assessed up to \$25 for each day this report is late.